

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/570,641 Filing Date \_\_\_\_\_  
Applicant \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11	1						61						
12	1						62						
13		1					63						
14	1						64						
15	1						65						
16	1						66						
17		1					67						
18		3					68						
19		3					69						
20		0					70						
21		0					71						
22	1						72						
23		1					73						
24	1						74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
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34							84						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓			↓					↓			
TOTAL DEP.	16	←			←					↓			
TOTAL CLAIMS	25									←			